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PART.B -	FEE(S) TRANSMITTAL



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APR: 1:3 2006

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42754

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01/18/2006

**NIELDS & LEMACK** 176 EAST MAIN STREET, SUITE 7 WESTBORO, MA 01581 04/14/2006 MAHMED2 00000002 10647609

01 FC:1501 02 FC:1504 03 FC:8001

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Kevin S. Lemack	(Depositor's name)
MO	(Signature)
/April 11, 2006	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/647.609	08/25/2003	Ralph Stankowski	MCA-472DIV.	2837	

TITLE OF INVENTION: DISPOSABLE FLUID SEPARATION DEVICE AND MANIFOLD ASSEMBLY DESIGN WITH EASY CHANGE-OUT FEATURE

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APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE		
nonprovisional	NO	\$1400	\$300		. \$1700	04/18/2006		
EXAM	MINER	ART UN	ПТ	CLASS-SUBCLASS	]			
LITHGOW,	THOMAS M	1724		210-232000				
CFR 1.363).	ce address or indication of "Formula dence address (or Change of 22) attached.	· ·	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,					
"Fee Address" indica	ation (or "Fee Address" Indica or more recent) attached. Use	ation form	registered 2 registere	ne of a single firm (having as a attorney or agent) and the named patent attorneys or agents. If name will be printed.	nes of up to			
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON T	THE PATENT	(print or type)				
				car on the patent. If an assign for filing an assignment.	nee is identified below, the	document has been filed for		
(A) NAME OF ASSIGN	IEE	. (В	) RESIDENC	E: (CITY and STATE OR CO	UNTRY)			
Mykrolis	Corporation		Bedford	, Massachusetts				
Please check the appropriate	e assignee category or catego	ries (will not be pri	inted on the p	atent): 🗖 Individual 🚨 C	orporation or other private gr	oup entity Government		
4a. The following fee(s) are	enclosed:	4b	. Payment of	Fec(s):				
Issue Fee			🞾 A check i	in the amount of the fee(s) is en	closed.			
Dublication Fee (No:	small entity discount permitte	ed)	☐ Payment	by credit card. Form PTO-2038	3 is attached.			
Advance Order - # o	Advance Order - # of Copies 10 The Director is hereby authorized by charge the required fee(s), or credit any overpaymen Deposit Account Number 14-0930 (enclose an extra copy of this form).							
5. Change in Entity Status	(from status indicated above	:)	•					
a. Applicant claims S	MALL ENTITY status. See	37 CFR 1.27.	☐ b. Applic	ant is no longer claiming SMA	LL ENTITY status. See 37 C	FR 1.27(g)(2).		
The Director of the USPTO NOTE: The Issue Fee and F interest as shown by the rec	is requested to apply the Issu Publication Fee (if required) v ords of the United States Pate	ne Fee and Publicat will not be accepted ent and Trademark	tion Fee (if an I from anyond Office.	y) or to re-apply any previousl other than the applicant; a regi	y paid issue fee to the applications or to the application of the appl	ation identified above. he assignee or other party in		
Authorized Signature	Mo			Date	April 11, 2006			
Typed or printed name _	Kevin S. Lema	ick		Registration	No. 32,579			
This collection of informati	on is required by 37 CFR 1.3	11. The information	n is required t	o obtain or retain a benefit by t	he public which is to file (an	d by the USPTO to process)		

an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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PTO/SB/17 (01-06)

Approved for use through 07/31/2006. OMB 0651-0032

Date April 11, 2006

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Registration No. on 570 Telephone 500 000 1010	der the Paperw	ork Recognion Act o	of 1995 no p∈	rsons are required to	o respond	d to a collection				ys a valid OMB control number
Applicant claims small entity status. See 37 CFR 1.27  TOTAL AMOUNT OF PAYMENT  OTAL AMOUNT OF PAYMENT	Fees Michael Manager Consolidated Appropriations Act 2005 (H.D. 4818)									wn
FOR FY 2006  Applicant claims small entity status. See 37 CFR 1.27  TOTAL AMOUNT OF PAYMENT  (\$) 1730.00  Attorney Docket No. MCA-472Div.  METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account Number: 14:0930 Deposit Account Name: Nields & Lemack  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below Charge fee(s) indicated below Charge any additional fee(s) or underpayments of fee(s) Under 37 CFR 1.16 and 1.17  WARNING: information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2018.  FEE CALCULATION (All the fees below are due upon filling or may be subject to a surcharge.)  1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES FILING FEES FILING FEES Small Entity Application Type Fee (5) Fee (6) Fee (6					App		<del></del> +			
Applicant claims small entity status. See 37 CFR 1.27   TOTAL AMOUNT OF PAYMENT (\$) 1730.00   Art Unit 1724   Altorney Docket No.   MCA-472Div.					Fili	ng Date		August 2	5, 2003	
Art Unit	For FY 2006					st Named Inve	entor	Ralph Sta	nkows	ki
METHOD OF PAYMENT (5) 1730.00 Attorney Docket No. MCA-472Div.  METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account Number 14-0930 Deposit Account Name. Nields & Lemack For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  SEARCH FEES  FEE CALCULATION (All the fees below are due upon filling or may be subject to a surcharge.)  1. BASIC FILING, SEARCH, AND EXAMINATION FEES  FEE SAMINATION FEES  Fee (S) Fee Said (S)  Fee (S) Fee Said (S)  Fee Said Entity  Fee (S) Fee Said (S)  Fee Said Entity  Fee (S) Fee Said (S)  Fee Said (S)  Fee Said (S)  Fee Said (S)  Fee Said (S)  Fee Said (S)  Fee Said (S)  Fee Said (S)  Fee Said (S)  Fee Said (S)  Fee Said (S)  Fee Said (S)  Fee Said (S)  Fee Said (S)  Fee Said (S)  Fee Said (S)  Fee Said (S)  Fee Said (S)  Fee S	Annlicant of	aims small entity	status See	37 CFR 1 27	Exa	aminer Name		Lithgow,	Thomas	s M.
METHOD OF PAYMENT (check all that apply)  ✓ Check			T		Art	Unit				
Check	TOTAL AMOUN	T OF PAYMENT	(\$)	1730.00	Atte	orney Docket	No.	MCA-472	Div.	
Deposit Account Deposit Account Number: 14:0930 Deposit Account Name: Nields & Lemack  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filling fee  Fee (s) Except fee(s)	METHOD OF F	AYMENT (che	ck all that	apply)						
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below  Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments  Under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information and surborization on PTo-2038.  FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)  1. BASIC FILING, SEARCH, AND EXAMINATION FEES  FILING FEES  Small Entity  Fee (s)  Fee (	Check	✓ Check Credit Card Money Order None Other (please identify):								
Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  Charge any additional fee(s) or underpayments of fee(s)  Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments  WARNING: information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  FEE CALCULATION (All the fees below are due upon filling or may be subject to a surcharge.)  1. BASIC FILING, SEARCH, AND EXAMINATION FEES  FILING FEES  FILING FEES  SEARCH FEES  SEARCH FEES  SEARCH FEES  SEARCH FEES  SEARCH FEES  Small Entity  Small Ent	Deposit Ac	count Deposit A	ccount Numb	per: <u>14-0930</u>		_ Deposit Acc	count Na	me: Nield	s & Le	mack
Charge any additional fee(s) or underpayments of fee(s)	For the at	ove-identified de	posit accou	nt, the Director is	hereby a	authorized to:	(check	all that app	oly)	
WARNING: Information and his form may become public. Credit card information should not be included on this form. Provide credit card Information and authorization on PTO-2038.	Cha	arge fee(s) indica	ted below			Charge	e fee(s)	indicated t	elow, e	xcept for the filing fee
WARNING: Information and its form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.    FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)   1. BASIC FILING, SEARCH, AND EXAMINATION FEES   Small Entity   Fee (\$)				underpayments of	fee(s)	✓ Credit	any ove	erpayments	;	
Application Type	WARNING: Informa	tion on this form r	may become	public. Credit card	informa		-	•		Provide credit card
Application Type					£::-			4.4-	- I-	
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Multiple dependent claims   Fee (\$)   Fee (\$	1. BASIC FILIN					EEEC	EVA	<b>がいるさいへい</b>	EFF	
Utility   300   150   500   250   200   100   100   250   250   200   100   250			Small					<u>Small</u>		
Design   200   100   100   50 + 130   65			(\$) <u>Fee</u>	(\$) <u>Fee</u>	(\$)	Fee (\$)		(\$) Fee		Fees Paid (\$)
Plant   200   100   300   150   160   80					-		200	) 10	0	
Reissue 300 150 500 250 600 300  Provisional 200 100 0 0 0 0 0  2. EXCESS CLAIM FEES  Fee Description  Each claim over 20 (including Reissues) 50 25  Each independent claim over 3 (including Reissues) 200 100  Multiple dependent claims  Multiple dependent claims  Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) Fee Paid (\$)  HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  -100 = /50 =				10	0	50~	130	) 6.	5	
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3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets		or HP =	X	or, if greater than ?						
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets	3. APPLICATION	ON SIZE FEE								
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A. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Issue Fee, Publication Fee & Advanced Order - 10  SUBMITTED BY Registration No. 20 500   Telephone 500 200 4040	<u>Total Sheets</u> <u>Extra Sheets</u> <u>Number of each additional 50 or fraction thereof</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u>									
Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): Issue Fee, Publication Fee & Advanced Order - 10  SUBMITTED BY  Registration No. 20 500 4010										
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(Attorney/Agent) 32,579 10.597.010 508-898-1818	Signature	100			Regis	stration No.	2,579		Telepho	one 508-898-1818

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Name (Print/Type) Kevin S. Lemack

PTO/SB/21 (09-04) Approved for use through 07/31/2006. OMB 0651-0031 U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE no persons are required to respond to a collection of information unless it displays a valid OMB control number. Under the Pa Application Number 10/647,609 TRAN Filing Date August 25, 2003 First Named Inventor **FORM** Ralph Stankowski Art Unit 1724 Examiner Name Lithgow, Thomas M. (to be used for all correspondence after initial filing) Attorney Docket Number

Tota	al Number of	of Pages in This Submission	<del></del>			MCA-472D	·1V.	
			EN	CLOSU	JRES (Check a	all that apply	<del></del>	
<b>V</b>		nsmittal Form Fee Attached		Drawing Licensi	ng(s) ing-related Papers		<ul><li>✓</li><li></li></ul>	After Allowance Communication to TC  Appeal Communication to Board of Appeals and Interferences
Amendment/Reply After Final Affidavits/declaration(s)  Extension of Time Request Express Abandonment Request Information Disclosure Statement  Certified Copy of Priority Document(s)  Reply to Missing Parts/ Incomplete Application Reply to Missing Parts		Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CD Remarks			e Address	Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  Proprietary Information  Status Letter Other Enclosure(s) (please Identify below): -Issue Fee Transmittal Letter -Part B - Issue Fee transmittal form		
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		SIGNA	TURE	OF AP	PPLICANT, ATT	ORNEY, C	R AG	ENT
Firm N	ame	Nields & Lemack						
Signat	ure	100						
Printed	d name	Kevin S. Lemack			<del></del>			
Date	Date April 11, 2006 Reg. No. 32,579							
CERTIFICATE OF TRANSMISSION/MAILING								
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Date

April 11, 2006

Signature

Typed or printed name

Kevin S. Lemack



## **BOX ISSUE FEE**

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of

Group Art Unit: 1724

Ralph Stankowski et al.

Examiner: Lithgow, Thomas M.

Serial No.: 10/647,609

Filed: August 25, 2003

Allowance Date: 1/18/06

Case No: MCA-472Div.

Confirmation No: 2837

Customer No: 42754

For:

DISPOSABLE FLUID SEPARATION DEVICE AND MANIFOLD ASSEMBLY

DESIGN WITH EASY CHANGE-OUT FEATURE

Mail Stop: Issue Fee Commissioner for Patents P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

## LETTER OF TRANSMITTAL

Please accept the attached Issue Fee Transmittal sheet PTOL-85B and a check in the amount of \$1730.00 in payment of the issue fee, publication fee and the advanced order fee for the above application.

Authorization is given to charge any deficiencies or credit any overpayment to Deposit Account No. 14-0930.

Please notify Applicant's attorney if any problems should arise.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on April 11, 2006

1/16)

Respectfully submitted,

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